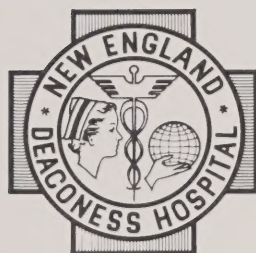




1968 annual report

NEW ENGLAND DEACONESS HOSPITAL





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Laurens MacLure

PRESIDENT

Report of the President

In my report last year I tried to place equal emphasis on the tangible progress of the twelve months just ended and on the challenges which were ahead. This report will follow the same approach. The reason is simple — we are living in an age where “change” is virtually the only constant. It is imperative for us to recognize that the traditional system of health care — like most major institutions in this country — is undergoing significant revision. The Deaconess Hospital, therefore, must make the necessary adjustments in its organization, staffing, equipment and facilities to successfully meet the demands for new and different service requirements in the future.

In this context, the year just ended could probably best be described as “TRANSITIONAL” — a word the dictionary defines as “movement or passage from one position, state or stage to another.” Let me explain.

First, after more than two years of study and planning on the part of various committees comprised of doctors, members of our administrative staff and trustees, construction on the Central Building addition actually began last winter. This is the first major addition to our patient-care facilities in almost twenty years. It will add approximately 240 new private and semi-private accommodations, permit much needed expansion to the X-ray department, recovery rooms and special-care units. These new facilities should be ready for use in mid-1970.

Equally important, it gives me a great deal of pleasure to be able to announce that we have successfully attained our Phase I goal of raising via public subscription \$3 million. In fact, our Development Program Fund now stands at \$3,016,000. This achievement is a tribute to the hard work and many hours which the Development Program Committee and their many volunteer workers devoted to the future needs of our Hospital and its patients. It would be impossible to mention everyone involved, but I would like to give a special word of “thanks” to Francis W. Capper who was Campaign Chairman, and to his able Vice Chairmen: William M. Rand, John Barnard, Jr., Henry Rogerson, Edward Dane, Lawrence H. Hansel, Edward Dana, James Farr, Humphrey Swift, Dr. Leland McKittrick and Miss Dorothy Seccomb. Also, we are indebted to department heads and employees of the Hospital, whose support, both financial and physical, has been so important to our final success. We owe them all a great debt of gratitude as we do to the literally thousands of contributors — large and small — whose generosity, concern and interest has made it possible for the Deaconess to move confidently ahead with Phase I of the Development Program.

In addition to the funds raised publicly, we received word in June of a \$400,000 grant, the maximum for which the Deaconess was eligible, from Washington under the Hill-Burton Act toward the cost of our building program.



To these funds we can add \$3,500,000 which was received from the estates of Frank and Frederick Farr, giving the Hospital \$6,900,000 available toward the total cost of construction and equipment totaling \$9,500,000. Arrangements have been completed to borrow the difference.

With these important milestones behind us, we can now look to the future.

To keep up with the explosion in medical knowledge and its requirements for additional specialists and specialized equipment, the Deaconess must move ahead rapidly toward the implementation of Phase II of its Development Program — the demolition of the old Deaconess Building and the construction on its site of a ten-story facility to contain 200 additional beds, plus appropriate supporting services and equipment.

In this latter connection, I am happy to say that with Phase I well under way, the Deaconess is in strong financial condition.

All additional capital funds received from this point on are being applied toward Phase II, and I am delighted to be able to tell you that we have already accumulated over \$500,000 in gifts and bequests which are earmarked for future development.

We not only have a start on the necessary funds for the future, but most importantly, we have been fortunate in the past few years to attract an experienced and active group of business and professional men and women who are interested in the Deaconess. Many have worked on the Development Program, others are serving on various standing committees and still others are represented on our Medical and Administrative Staffs.

In addition to replacing the Deaconess Building, we are starting to develop plans for an extended-care facility to provide lower cost care for the convalescent patient. We are hopeful that such a facility might be provided in the near future without any capital outlay on the part of the Hospital.

We are also excited about plans now being developed jointly with a neighboring hospital to build a combined nursing school education building to house classrooms, laboratories and faculty offices. We believe that government funds will be available for such an undertaking and that it will appeal to many foundations who will be willing to assist in underwriting the cost.

With the completion of Phase I in 1970, we will be adding significantly to our personnel complement. Thus, another area which must receive attention this coming year is our housing needs for nurses, house officers and staff.

Because we are always concerned with the quality of patient care and with ways in which to improve it, we have traditionally offered a variety of medical education programs. As a natural evolution, last spring an ad hoc medical staff/trustee committee was appointed to investigate whether or not the Deaconess should seek a formal medical school affiliation. The committee has reported its findings and recommendations to our Medical Staff, which now has this important question under consideration.

These are just a few of the challenges which lie ahead, but they illustrate why we must continue our planning efforts and why we must try to combine our efforts with those of our neighboring educational, hospital and related health-care institutions.

In closing, I should like to add a word of thanks to our dedicated staff of doctors, nurses, technicians and all those whose combined efforts are directed toward the restoration of the mind, body and spirit of our patients.

A special word of appreciation is also due our Executive Vice President and his hard-working staff for the excellent job they are doing.

Report of the Executive Vice President

It has been said, "In this changing world if you are not adaptable, you disappear." Times change, and if the past is any indication, the Deaconess will change with them. One reason for the rapid innovation we see in the medical world is that in recent years our country has supported ten times as many researchers as it did only a generation ago. The current reduction in funds available for research is lamentable, and we hope only temporary. While the future is filled with uncertainties, a sense of direction is beginning to emerge.

The advent of Medicare and Medicaid, which was a cause of deep concern to some, appears to be just the forerunner of much broader coverage for all members of society. As an ex-

ample, one state has announced that in 1969 Blue Cross and Blue Shield will institute a pre-paid dental care plan including diagnosis, treatment and surgery. As time goes on we are certain to have more insurance coverage for all outpatient procedures. This increasing accent on preventive medicine will have a profound effect on all hospitals.

We have evidence of this at Deaconess. In the past we limited our outpatient facilities because we did not want to duplicate facilities that already existed in neighboring hospitals, but pressures from both patients and the medical staff have made it necessary for us to change our thinking. Because most physicians today are too busy to make numerous house calls, a patient who has a problem, is often asked to meet



the physician at the hospital where laboratories, radiology and other ancillary services are available to facilitate quick diagnosis and treatment.

About a year ago we opened a four-bed Observation Unit to meet this need. In the first weeks it was open, utilization of the unit was low. Now, however, approximately 30 patients are being seen each day, and the number is increasing with each passing week. Of major importance is the fact that the majority of these patients are diagnosed, treated and able to return home immediately, whereas prior to the establishment of the Observation Unit these patients might have needed full hospitalization. Although the Deaconess is primarily a specialty hospital with over 50 percent of our patients referred from outside the Greater Boston area, the demands on our outpatient unit are becoming so heavy that we will have to provide far more adequate facilities. In turn our ancillary departments must be expanded to match these outpatient developments.

We need an extended care facility, more ambulant and more psychiatric beds. Having a facility which would house approximately 300 of these beds would do much to alleviate the pressure we now have for medical and surgical beds, and would reduce the cost to our patients. Such a building would cost an estimated eight million dollars, since we are currently involved in a building program, it seems unlikely that we can raise this amount of money in the next two or three years. I believe, therefore, that serious consideration should be given to having others construct the building and lease the space back to the hospital. If such a facility could be constructed in the next two or three years, we would gain additional time to obtain the information necessary to plan for phase two of our building program.

The parking problem, which plagues all metropolitan areas, continues to increase. All our parking lots are overburdened and it appears that a solution must be found before any more patient facilities are constructed. The problem of housing for our personnel is just as serious.

In planning for the future of our hospital, careful thought must be given to determining the type of hospital we wish to develop. Because of the explosion of medical knowledge, the myriad of new departments and the emergence of new subspecialties in both medicine and nursing, it is not feasible for one hospital to expect to provide all services in every specialty. Area plan-

ning will gain momentum in the coming years and we must play an active part to be sure we are not duplicating existing facilities unless those facilities are overtaxed. We plan to work closely with other hospitals, the medical staff and others in the community so that our long range planning will be sound.

The possibility of construction of an education building for the schools of nursing for both the Deaconess and Children's Hospitals is under consideration; and, we are continuing investigations into the desirability of a more formal medical school affiliation.

In accenting what we must face to maintain our reputation as an outstanding specialty institution for patient care, I do not mean to overlook our present strides. For the past year we have maintained patient occupancy at 91 percent. The average length of stay remained 11 days and there was substantial increase in the utilization of surgery, radiology, laboratories and other special services.

Building and growth have been monumental. The net gain for the year was almost identical with the loss we sustained in the preceding year. The construction of the addition to Central Building will provide us with 240 new beds. Phase two of the program calls for the construction of a new facility on the site of the present Deaconess Building enabling us to provide additional space in the Palmer Building for laboratories and to discontinue using the Baker Building for patients.

We have embarked on a program of industrial engineering and we are using consultants to survey departments that might be benefited. We continue our struggle to combat the ever-increasing cost of hospitalization, but salaries continue to rise and it is difficult to hold down costs without sacrificing quality. Salaries account for 71 percent of our total expense of operating the hospital.

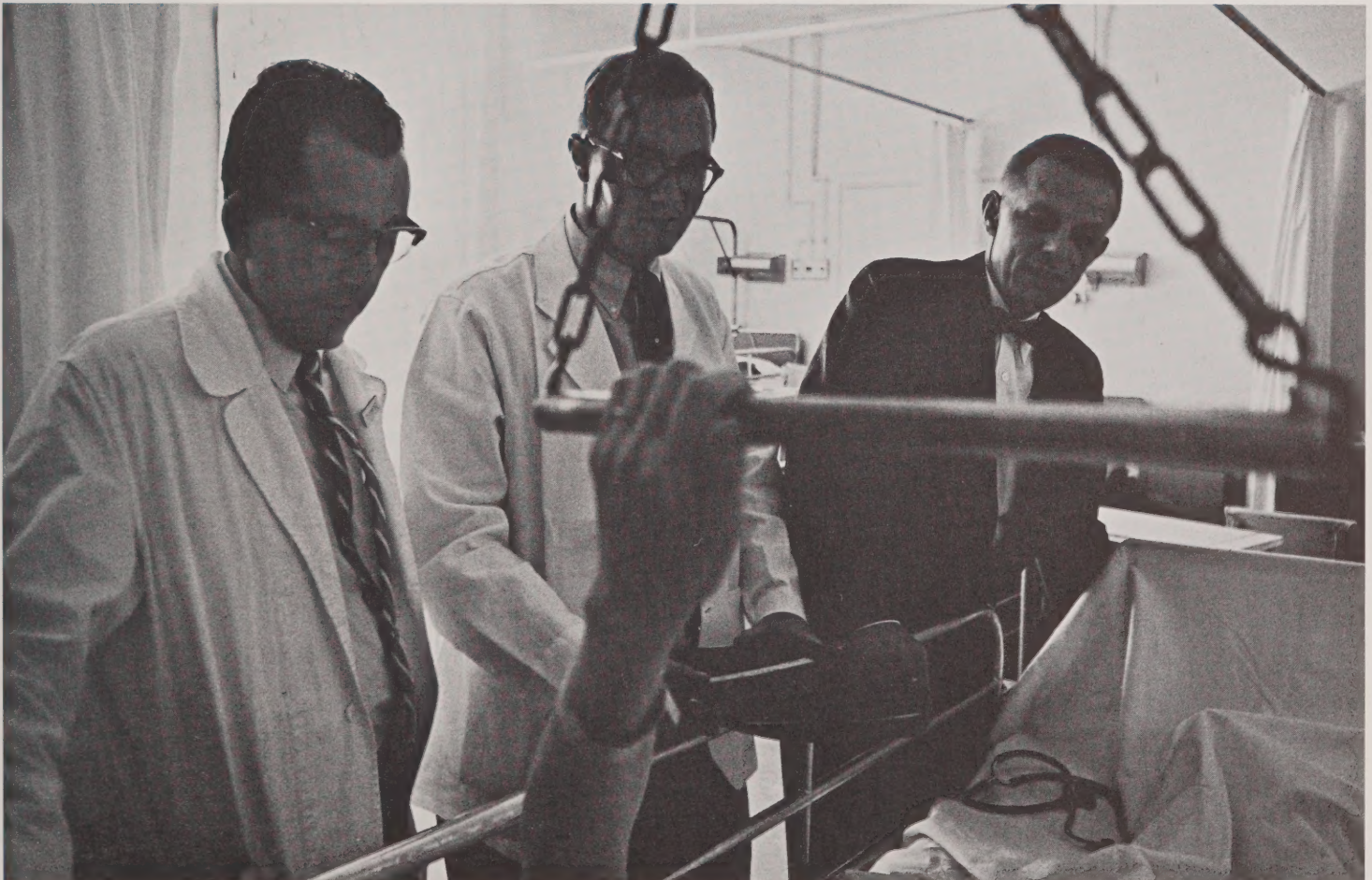
The operation of all hospitals is far more complex than ever before. Those of you who have known the Deaconess for many years can remember when we had what in retrospect was a quiet little 300-bed hospital. Now the demands on our hospital and the involvement with outside agencies have increased more than we could have believed possible a few short years ago. I have every confidence that by working together we can meet the challenges that face us. No metropolitan hospital has a closer teamwork than we have at the Deaconess. May we never lose this spirit.

Report of the Department of Medicine

James L. Tullis, M.D.
CHAIRMAN

Historians of the future may label our era a period of fomentation and change. Institutions of all types are undergoing a flux, perhaps unequalled since the Renaissance. Hospitals are no exception. Yet many have been so deeply engrossed in the professionalism of their workaday world, they have been oblivious to these winds of change. Here at the Deaconess the medical staff has striven to avoid complacency with the seeming success of its standard performance. Rather the physicians have asked themselves the questions: Are we truly relevant to the issues of our times? Are we fulfilling our potential of service to the sick? Are we being an effective instrument for training a cadre of young men who someday will succeed (and surpass) us? Are we reaching out into the community and its problems? Have we overlooked, even transiently, the motivation of the original Deaconesses who founded our institution and who dedicated themselves to the ministry of healing?

No single panacea exists for any of these problems. Yet in diverse, probing ways, the staff physicians have attempted this past year to speak to these matters.



1. Medical-Clergy Conference

This past Spring a teaching conference for interested clergy of the New England area was sponsored by the hospital chaplain in collaboration with the Cancer Training Committee. The purpose of the meeting was to explore the "gray" areas where the role of the physician and pastor overlap at the bedside of the dying patient. When does one sit down with a patient and discuss what lies ahead? When is it more compassionate to withhold information? Members of the staff and pastors from various doctrinal backgrounds grappled with these and similar topics in an all-day session. The success of the meeting augurs well for future symposia of this type.

2. Service to the Community

Bed limitations within the Deaconess still preclude professional service to all who would seek it. The waiting list for hospital admissions grows ever larger, yet the type of illness for which patients seek admission is more serious. As a temporary "buffer" the Observation Unit has fulfilled a highly effective role in its first year of operation. Although established primarily to provide a balanced training program for medical interns, the "spin-off" both to senior staff and to the community has far exceeded expectations. The Deaconess is fulfilling better its role of service to the sick than was possible before by providing a place for emergent care of ambulant patients and an observation area for those who are unable to obtain hospital beds or whose illness is of unknown import. The census has doubled in just one year and now averages 237 patients per month. A significant number of these have been able to be returned home after a few hours of treatment or overnight observation, thus aiding, temporarily, in relief of the bed shortage.

The per cent of in-patient admissions who enter for medical, rather than surgical, problems continues to rise. No single explanation for this trend exists. As mentioned in an earlier report, this shift is not unique to the Deaconess. It reflects a number of factors, among which are the increasing median age of the American population, the easy availability of Medicare and Medicaid for groups in whom medical diseases are most common, and a startling increase in medical therapeutics making manageable many illnesses, which only a decade ago were deemed untreatable. Perhaps the greatest need which remains in our hospital is that of a minimal care facility for the hospitalization of patients during

convalescence from illness or during diagnostic study and evaluation. With the tragic shortage of beds in which to hospitalize seriously ill patients, one cannot easily countenance a patient who is in need of a "rest." Yet to the patient in need of rest or reassurance, hospitalization in some type of facility appears just as compelling as it does to a patient who is seriously ill with organic disease.

3. Intra-hospital Communications

The winds of change bring not only new questions and attitudes from our hospitalized patients, but equally poignant queries from our professional staff. This is not only an age of skepticism and dissent; it is an age of involvement. From the local P.T.A. to the Vatican Council, people want to participate in decision making. It is vibrantly clear that the physicians of our hospital are ready, willing and eager to enter into whatever type of action will add meaning to their lives or improve the quality and relevance of their practice. It would not be possible to list all of these activities. However, in order to make the program of the Department truly relevant to the physicians for whom it was founded, a mechanism of informal interchange of ideas and information must exist. As a supplement to the regular, monthly Department meetings, a series of bi-weekly "teas" has been started recently. A number of staff physicians drop in from time to time to exchange suggestions and also to relax a moment from the pressure of their professional lives. The house staff is present on some of the occasions giving the senior staff an opportunity to know them under circumstances less formal than teaching conferences and bedside "rounds."

4. Automation

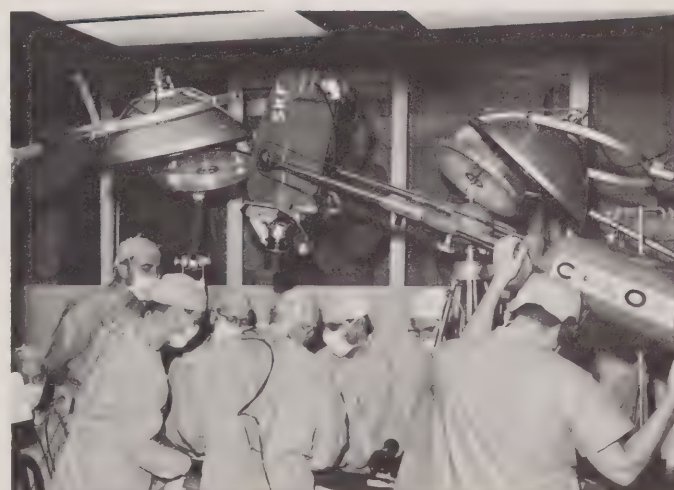
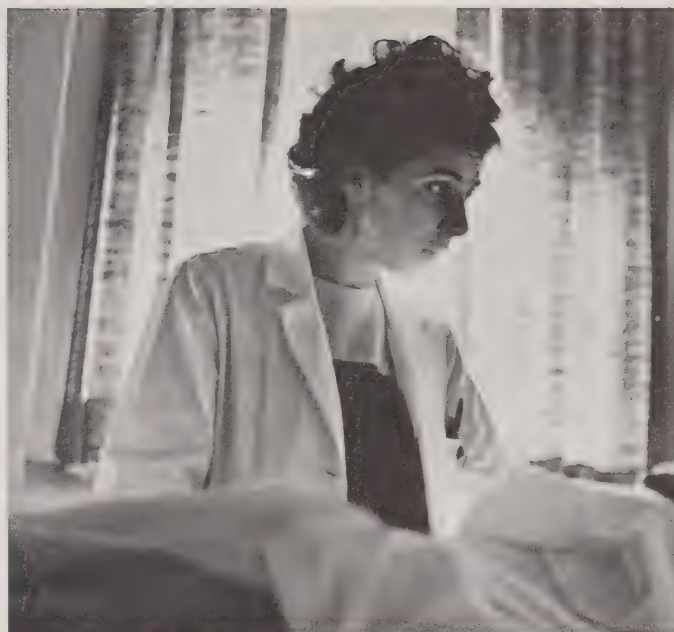
New advances in the physical sciences often can be applied to the field of medicine in a manner that exceeds their original purpose. Instrumentation of all types must be evaluated, not only from the standpoint of possible laboratory use, but equally well in regard to the practice of medicine. Computers, for example, have been used at the Deaconess for several years in account-keeping and billing. In the not distant future computers doubtlessly will be used for the monitoring of laboratory equipment. A committee within the Department of Medicine is also exploring the possible use of such a tool for retrieval of medical data, interpretation of electrocardiograms, storage of encephalographic reports and similar functions. In a similar manner, the use of television in medical teaching is under active evaluation. We are fortunate to have a

trained operator and high quality equipment available within the hospital through our federally-supported cancer grant. It would seem only reasonable that comparison of "pre" and "post" treatment physical findings in an unusual medical problem would be of no less interest to a physician than the instant replay of a pass-interception to an harassed football coach. Television in the home has already taught housewives what "tired blood" resembles (incorrectly). How much more it should do for busy practitioners.

Through these and other teaching aids, the hospital attempts to assist its professional staff in the on-going program of medical education. Only thus can the overworked physician remain constantly refreshed and in the front of medical progress.

5. Inter-hospital Communications

One of the major problems to an internist today is that of keeping abreast of the exponential growth in scientific knowledge. It is estimated that the information of the past 20 years equals that of the entire period of civilized history up to the present. As a result, the four years a young doctor spends in medical school and the degree which he receives are currently considered only a license to study for the rest of his life. Therefore, it necessarily falls on the hospital where he works to organize a highly structured program of continuing education in order to keep its senior staff renewed and in order to make available to the patient the latest treatment modalities possible. At the Deaconess such a program has been active for several years. To the doctors in smaller communities, however, no mechanism is readily available to provide this type of continuing renewal which is available to our staff. Several state supported and federally supported programs are attempting to bridge this gap. Among these are the new federal Regional Medical Program of heart, cancer and stroke; the Postgraduate Medical Institute of Boston which is supported in part by the Massachusetts Medical Society and the new outward reach of medical schools which are entering community life for the first time. The Deaconess is discussing a possible program of its own in which it might establish liaison with at least two community hospitals of New England to provide a regular channel of post-doctoral education and consultative advice. If this can be effected satisfactorily, it will not only fulfill more fully the hospital's role in community life, but similarly will assure the Deaconess of a continuing flow of referral cases of the complex type for which it has established its reputation.



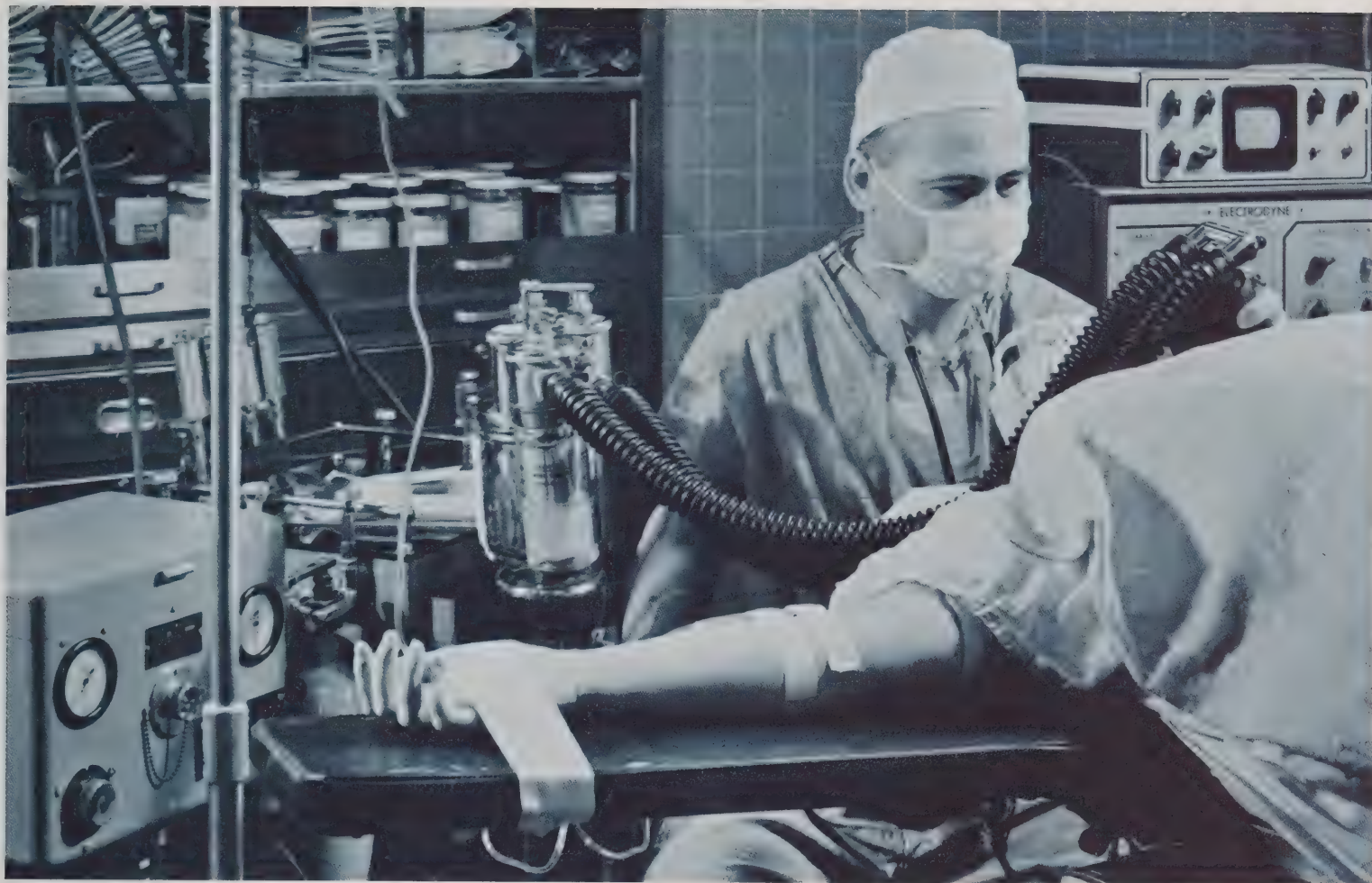


Report of the Department of Surgery

Cornelius E. Sedgwick, M.D.
CHAIRMAN

Three years ago the Department of Surgery was established as a single department combining the General Surgical Staff, the Overholt surgeons, and the Lahey Clinic surgeons dedicated to better surgical care of patients and designed as a single unit for teaching both Staff and House Staff. Surgical rounds and conferences have strengthened not only the hospital, the surgical department, but the individual surgeons as well. This experience exemplifies what can be done when staff members from different groups with different interests put the hospital's interest before personal considerations.

This year the Cardio-Thoracic Residency Program which for many years was directed by the Overholt Clinic, has been rearranged as a New England Deaconess Hospital program combining the Overholt Thoracic Clinic, the Lahey Clinic Thoracic surgeons and the General Staff. This service cares for all thoracic cases at the



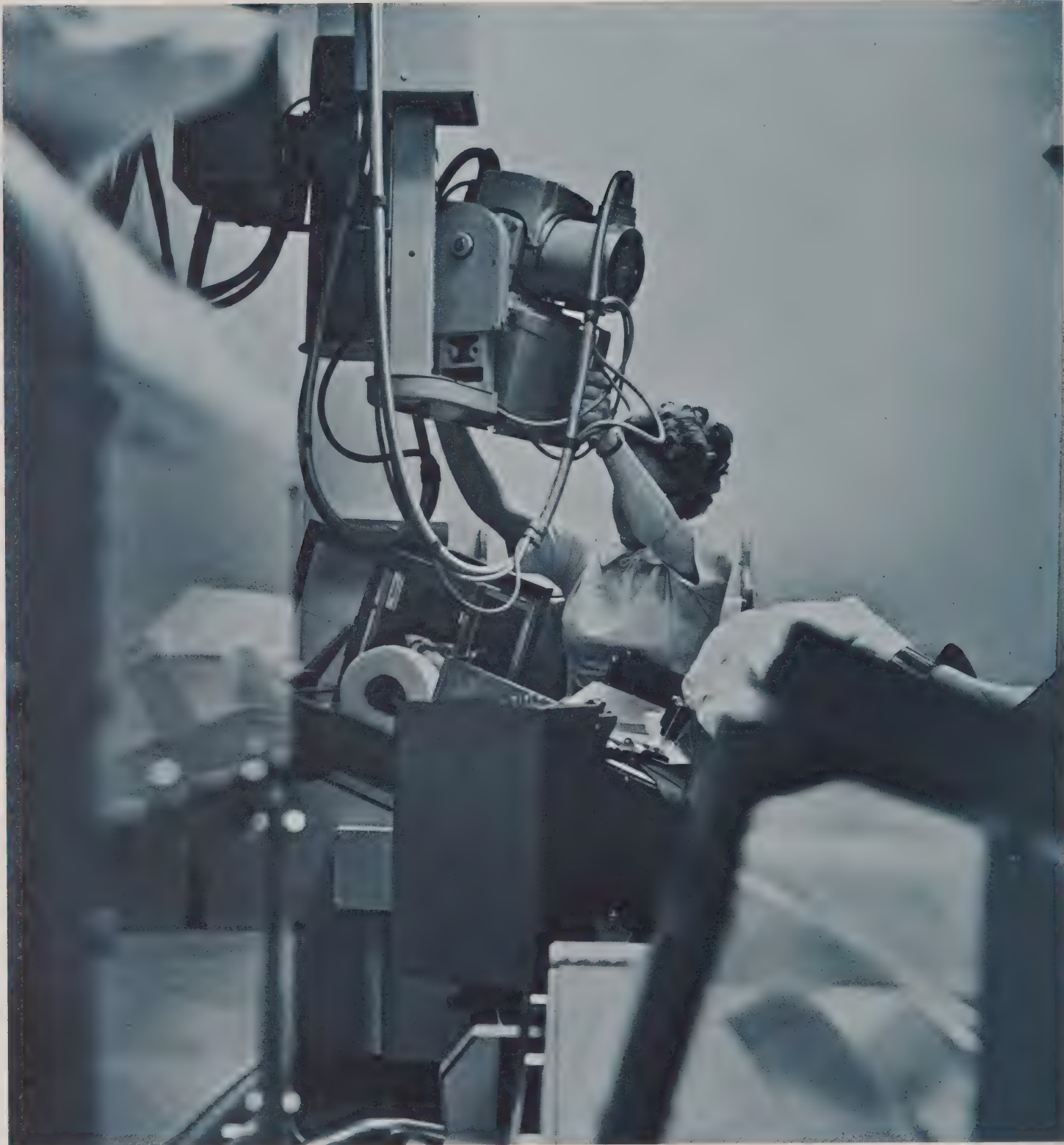
New England Deaconess Hospital, the New England Baptist Hospital and the Norfolk County Tuberculosis Hospital. The two chief thoracic residents are selected by the New England Deaconess Hospital. The four junior residents are rotated to us from the Harvard Service of the Boston City Hospital and the New England Medical Center Tufts Service. I am confident this will grow into one of the most sought after thoracic residency programs in the country. Again, this is an example of what can be done in a hospital, such as the Deaconess, by men from different groups who dedicate themselves and work together for the benefit of the hospital.

Today a surgical department can not exist without surgical residents. The day of the surgeon operating with his own assistant or associate is over. Highly qualified surgical residents will only be available to us as long as we can make their tour or duty with us rewarding. At

the present time the rotation of surgical residents from Dr. William McDermott's service at the Boston City Hospital has been most successful. Each year we have better trained residents to help us give better patient care. To maintain this relationship, the Surgical Staff must give their best to teaching.

Our Operating Room and Recovery Room continue to function with better efficiency and care to surgical patients in spite of the fact that our type of surgery becomes more and more complicated. The Anesthesia Department and Respiratory Therapy group are involved in more work and difficult procedures which have contributed to lower mortality and morbidity of complicated surgical cases.

As a department, we could not maintain our high standards without the full cooperation of the other departments of the hospital, particularly pathology, X-ray and medicine.



Mirle A. Kellett, M.D.
CHAIRMAN

Report of the Department of Radiology

Reports from every department illustrate the yearly progress we are making at the Deaconess Hospital. The Department of Radiology is no exception with an increase in the number of diagnostic studies — up seven per cent — despite fewer beds due to the new construction.

This increase plus the anticipated added beds make it imperative that we add to our professional staff. Radiologists as well as many other professional personnel are in short supply. There are approximately 7,500 board certified radiologists in this country, and nearly double that number of positions available.

The entire field of radiology is in a state of flux. Therapeutic and diagnostic radiology are now completely separated in many large centers and training is geared to one or the other of these two disciplines. The field of diagnostic radiology is rapidly being further subdivided into such areas as pediatric, neuro, or angiographic radiology. It is in this latter area that we hope to attract a new associate. This will then give us a well-rounded staff able to meet all the needs of our medical and surgical colleagues in diagnosing the ills of their patients.

Our technician training program continues to be a source of pride. Along with 50 other hospitals, we are engaged in a conjoint program with Northeastern University. The university provides much of the didactic training while we furnish the practical experience. This year our students placed second in the technician's bowl quiz which is patterned after the popular college bowl quiz on television.

Change in any area of medical activities is like a pebble thrown into a pool. Its effects are felt in ever widening circles. Thus, the expanded medical residency and the newly implemented internship program have increased the amount of teaching and consultation by the radiologists. It has also added to the burden of the office staff. Films which are shown to several people or groups in the same day must be refiled each time to prevent their being lost or misplaced. Qualified personnel to do this rather routine but very essential task seem to be non-existent. Immediate steps to remedy this situation must be taken before we are buried in our own paper work.

We are in the process of upgrading our two oldest diagnostic rooms. When the new construction is completed we will be equipped to serve the additional patients. We anticipate a 20 per cent increase in the number of examinations annually.

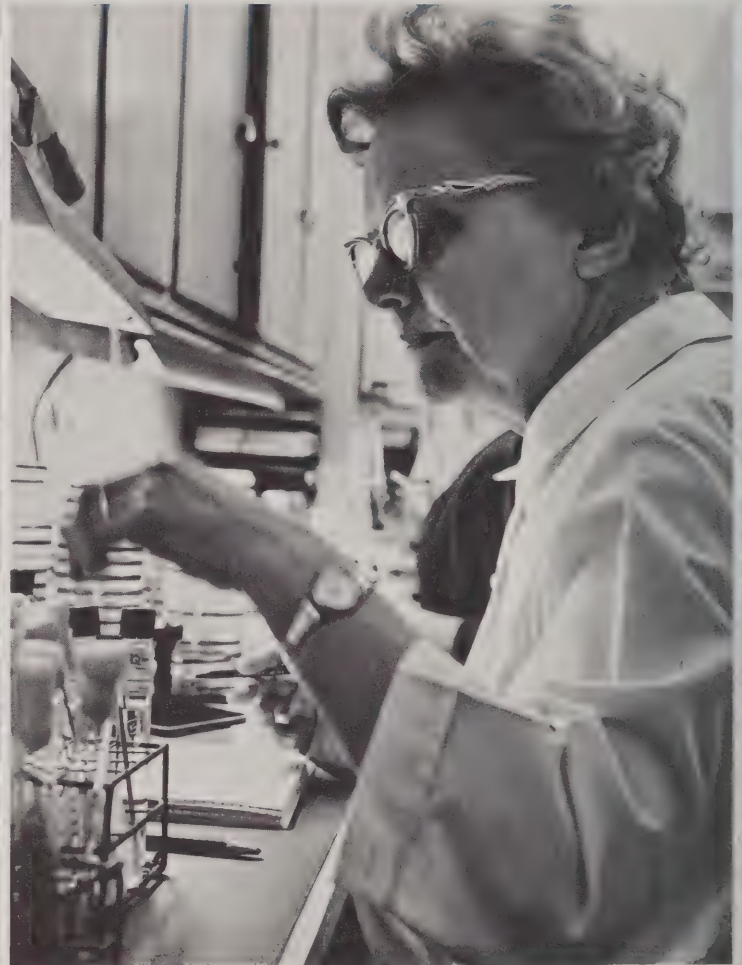
Under Dr. Joseph H. Marks' direction this department experienced vast changes. In his first year — 1937 — there were 5,594 diagnostic examinations and 4,198 X-ray treatments. The departmental income was \$55,603 and direct expenses were \$29,929. A typical monthly order for X-ray film ran between \$200 and \$225. In fiscal 1967-68, 28,604 diagnostic examinations and 7,131 treatments were performed at a cost of \$416,280. An average monthly X-ray film order now costs \$3500.

Our progress is made by dedicated people. We owe our gratitude for many of the changes, as well as the heritage left us for a well-equipped and smoothly run department to Dr. Marks who retired this year. He served as head of the department for 31 years. It has been my privilege to serve under him for 21 years — my entire professional life. It has been a rewarding experience which I shall always cherish. Joe Marks was a perfectionist and demanded the best for the patients in the Deaconess Hospital. I am proud to have served under him and with the aid of my associates will maintain the high standards set by him for the Department of Radiology.



Report of the Department of Pathology

William A. Meissner, M.D.
CHAIRMAN



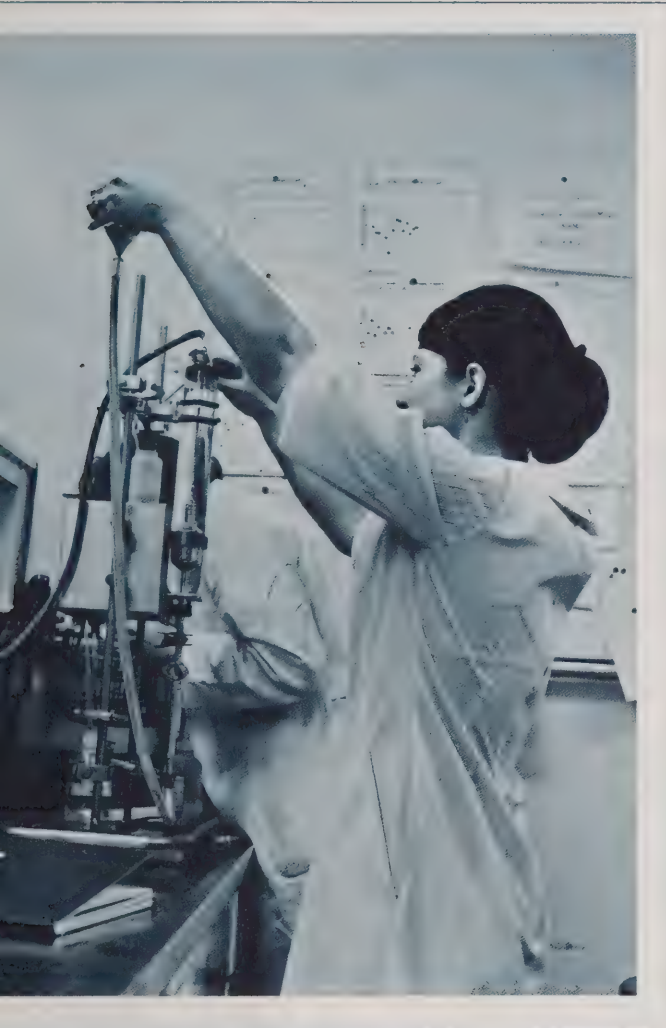
New horizons appear almost every day in the pathology laboratory. Our responsibility is to keep pace with the rapid advances of medical knowledge so that our patients may receive the most up-to-date, as well as the most reliable laboratory tests. This involves considerable experimentation and investigation since a new test is never introduced unless it is thoroughly evaluated. Every person in the laboratory contributes to this continuing study and the net effect each year has been expansion of our service to patients. During the past year we have added thirty new tests in serology, clinical chemistry, radioisotopes, blood banking, hematology, and microbiology.

During the past year our laboratories were rigorously inspected by the College of Ameri-

can Pathologists, and we received their Accreditation which meets and surpasses all the standards of the Joint Commission on Accreditation of Hospitals and the Department of Health, Education, and Welfare. This Accreditation is a tribute to our hard-working staff. Our laboratory was one of the first in the metropolitan area to receive this honor.

It is of interest to note the new horizons which we are evaluating, only a few of which can be enumerated.

A new instrument which performs twelve tests simultaneously on a single sample of blood serum is in operation. The advantages of such a machine are obvious, but the measurements must meet our standards of accuracy and precision before they can be used for patient care.



The use of computers is being explored in order to provide more rapid service to patients and to increase the overall efficiency of our laboratory. It is obvious that computers will provide the means for further expansion of laboratory service, and it is important that we be ready to apply computer techniques as soon as they become available.

Because of the new research in Blood Banking techniques, our Blood Bank has undertaken to store frozen blood in order that we will always have an ample blood supply, even of unusual blood types. Frozen blood cells may be preserved several years, whereas red cells stored with present techniques last only twenty-one days.

Our School of Medical Technology con-

tinues to produce highly competent individuals. This year we will have sixteen graduates, who have trained at the Deaconess Hospital. The continuing expansion of our medical laboratories makes the training of personnel one of the most important aspects of providing laboratory service. During the past year we have been re-evaluating our current teaching responsibilities and hope to expand our program in the future.

This is the second year of the Boston School of Cytotechnology which the pathology department runs cooperatively with six other Boston teaching hospitals. So far we have trained twenty-four cytotechnologists in this important area of cancer detection.

We would like to acknowledge the contributions of Dr. Harry Carter and Dr. William O'Toole to our laboratories for the past several years. We wish them continued success in their new positions.

Our laboratory continues to provide leadership in medical practice at the state and national level. Dr. William A. Meissner recently completed a term as a governor of the College of American Pathologists and has been elected to the Council on Anatomic Pathology of the American Society of Clinical Pathologists. Dr. David Skinner is currently President of the Massachusetts Society of Pathologists. Dr. Merle A. Legg is Secretary of the New England Society of Pathologists. Dr. Albert E. Anderson is a member of the Massachusetts Medical Society Committee on Blood Banking. Dr. Bradley E. Copeland has just retired from the Standards Committee of the College of American Pathologists after serving as Vice Chairman and Chairman.

The department also continues its contribution to the medical literature. Dr. Meissner and Dr. Shields Warren recently completed a monograph on thyroid tumors entitled "Fascicle on Thyroid Tumors." Drs. Warren and Legg recently brought out a new edition of "The Pathology of Diabetes Mellitus."

In conclusion, the pathology laboratory has had an active and productive year with emphasis both on current service and future advancement.

Report of the Cancer Research Institute

The Cancer Research Institute provides the Hospital with the results of research in several fields related to the cancer problem.

Biochemistry

Biochemistry, under the direction of Dr. W. Eugene Knox, is primarily concerned with the means by which cells are supplied with enzymes. These protein moieties, vital to the growth and survival of the cell and the organism to which the cell belongs, differ quantitatively at least in normal cells and cancer cells. They quite possibly will provide important information as to how cancer cells obtain and maintain their competitive advantage with normal cells. This Department maintains a core of fundamental biochemical investigation while carrying on the work relating to neoplasia. Among other activities, Dr. Knox is one of the world's authorities on inborn errors of metabolism. He is concerned with the national survey of the treatment of phenylketonuria, a mental disease of children characterized by enzymatic abnormalities. Dr. Knox and his coworkers have found that it is possible to induce in fetal rats the appearance of enzymes that usually occur only after birth. Dr. Knox is also Associate Professor of Biological Chemistry at the Harvard Medical School. Twelve members of the first-year class at the Medical School worked in the Laboratory for three weeks as a part of their course. One medical student did his honor thesis here.

Activation Analysis

Dr. Constantine J. Maletskos, working with the Department of Legal Medicine at Harvard Medical School and the Nuclear Reactor at the Massachusetts Institute of Technology, is playing an important role in advancing the field of activation analysis, a technique whereby only a few atoms of an element may be detected by radioisotopic analysis through identification of the specific radioactive emission spectrum. Dr. Maletskos, with his team, has been able to develop the techniques necessary to remove interfering activities and to analyze the data by computer methods. This will make possible the determination of many elements in biologic tissue in a single measurement. This will not only permit much better understanding of the trace

elements in man but will also permit very accurate intercomparison of tissue samples such as blood, hair, and fibers of great importance as evidence in medicolegal problems. Dr. Maletskos' discovery of a method for removal of radioactive sodium, a troublesome element in technical methodology owing to its abundance and tendency to overshadow some of the trace elements, has provided a highly significant advance in this new technology.

Cancer Etiology

Because of the growing importance of viral research in the field of leukemia, we have added a research team for this purpose under Dr. Richard Siegler, one of the well-recognized workers in this field. Also, we have obtained a Hitachi electron microscope which, while primarily used with viral problems in leukemia will also be available for study of ultrastructure in other fields.

Dr. Friedell, now with the Institute part-time, conducted a successful International Symposium on Bladder Cancer, an outgrowth of his research work in the experimental pathology bladder cancer funded by the Council for Tobacco Research and the National Institutes of Health. Dr. Friedell's study of cancer of the bladder with the staff members in urology and with the Department of Pathology at the Hospital has been continued. Dr. Burney, who had been working with Dr. Friedell, has left to become a Pathologist with the Veterans Administration in cancer in mice. His study of chromosomal aberrations in man has frequently been of clinical assistance in solving problems relating to the sex chromosomes and in following cases treated with therapeutic radiation.

Drs. Warren and Gates have continued their work on radiation carcinogenesis. Dr. Warren served as Chairman of the Atomic Energy Commission's Review Committee for Nuclear Medicine, and Chairman of an ad hoc Committee supported by the U. S. Air Force and NASA to review and evaluate available knowledge of electron damage to the skin. Dr. Warren also gave a number of lectures among which were the Niels Dungal Memorial Lecture at the University of Iceland, and the Failla Memorial Lecture for the Health Physics Society.



Training

Dr. Joftes, who had been our Group Leader in Radiobiology up until this year, has been successfully engaged in the advanced training program for scientific administrative personnel at the National Institutes of Health. The Training Program in Radiobiology he established has been continued in cooperation with the Graduate School of Boston University under the direction of Prof. Charles K. Levy and this year had four individuals working as trainees. This Program is regarded by the National Institutes of Health as one of their more successful ones.

Fortunately for the hospital, the Cancer Research Institute is essentially self-supporting. The Cancer Research Institute is supported fi-

nancially by grants and contracts from the U.S. Atomic Energy Commission, the National Cancer Institute, the Public Health Service and the Children's Bureau of the Department of Health, Education and Welfare, the American Cancer Society, Massachusetts Division, Inc., Council for Tobacco Research, Aid for Cancer Research, the Glendorn Foundation, and gifts from friends. Its budget for the fiscal year totalled approximately \$780,000, its contribution to the hospital's overhead expenses approximately \$122,150.

The members of the Cancer Research Institute were the authors of 23 scientific publications this year. This level indicates a high rate of scientific productivity.

Report of the Friends

The Friends of the Deaconess serve the Hospital through financial support, volunteer service and by spreading word of the Hospital and its work.

Mrs. Lewis Hurxthal, Chairman of Membership, reports a membership of over 500, including 58 life and 62 sustaining members.

Friends explain the scope and range of Deaconess Hospital, whether they are behind the counter of the Coffee Shop, helping the family of a patient who is about to undergo surgery or working in Diversional Therapy. Perhaps the subject of hospitals comes up at a luncheon or bridge, and here again the ladies are able to interpret the goals of Deaconess with its emphasis on patient care.

Most important of all, the Friends give hundreds of hours of volunteer service as they sit on committees or work on various facets of the many projects.

This year eight Board meetings were held, including the Annual Meeting. Following this meeting the Hospitality Committee served tea in Harris Hall. Mrs. Lawrence P. Dakin was chairman of this committee, which also had its usual Christmas Open House in December. The An-

nual June picnic was held at the gracious Wellesley Hills home of Mrs. Lauriston Ward, Jr.

One of our oldest projects has now become a major business venture. This is the Coffee Shop headed by Mrs. Theodore Pratt. The gross receipts for the year amounted to \$76,689.69. The Shop gave \$18,000 to the Friends and a scholarship to the School of Nursing for \$3,050.

This year was an exciting one for the Thrift Shop under the leadership of its chairmen, Mrs. H. Duncan Harris, Mrs. S. St. John Morgan and Mrs. Oliver S. Waite. The Shop continues to enjoy the new quarters furnished by the Hospital. This year, for the first time, the Shop was open all summer with the gratifying result that it gave the Friends a gift of over \$12,000. It should be pointed out that two things make this project possible. One is the group of volunteers who sort, price and sell the thousands of items needed to maintain the Shop. But most important of all are the donations of items to sell; for without merchandise there could be no Shop. We are grateful to all who contribute articles and hope that all who can will continue to give us clothing, household goods and bric-a-brac.

Mrs. Charles A. Hinkle, Chairman of the Gift Shop, announced that the Shop has earned \$4,000. The Flower Shop under the chairmanship of Mrs. Sylvia Norris netted \$842.38.

One of the projects which best epitomizes

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Mrs. Alfred H. Avery
Joseph H. Bacheller, Jr.
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Talcott M. Banks
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Warren S. Berg
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E. Merrill Darling
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Casimir deRham, Jr.
*George P. Dike
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John Wesley Lord

the care and concern of the Friends for patients is that of Diversional Therapy. This group under chairmen, Mrs. C. Cabell Bailey, Mrs. George Dempsey and Mrs. Basil C. Gray, spend countless hours helping patients keep creatively occupied through their sometimes long stay in the Hospital.

This year we have appointed Mrs. John H. Nichols, Jr. as chairman of publicity to keep the Hospital and other news media abreast of our many activities and to help interpret to us any special needs.

One of the highlights of our year was the Children's Hour. In May Mrs. Frank P. Foster invited the wives of the House Staff and their children to a morning coffee and play hour at her home in West Newton. It is hard to say whether the mothers, the children or the Friends had the best time.

Part of the work of the Friends is their interest in the Deaconess Hospital School of Nursing. Two main events in our calendar are for the sole purpose of raising money for the School. The Christmas Bazaar on the first Friday in December is held in conjunction with the School of Nursing and this year realized \$2,400.86. On May 3 the Friends gathered in Symphony Hall for their traditional Night at the Pops. Mrs. Elton Watkins served as chairman assisted by Mrs. Vernon Dick as treasurer. They reported a profit

of \$1,389.50. We are also grateful to the 113 Methodist churches who have sent \$896 for the Nurses Scholarship Fund.

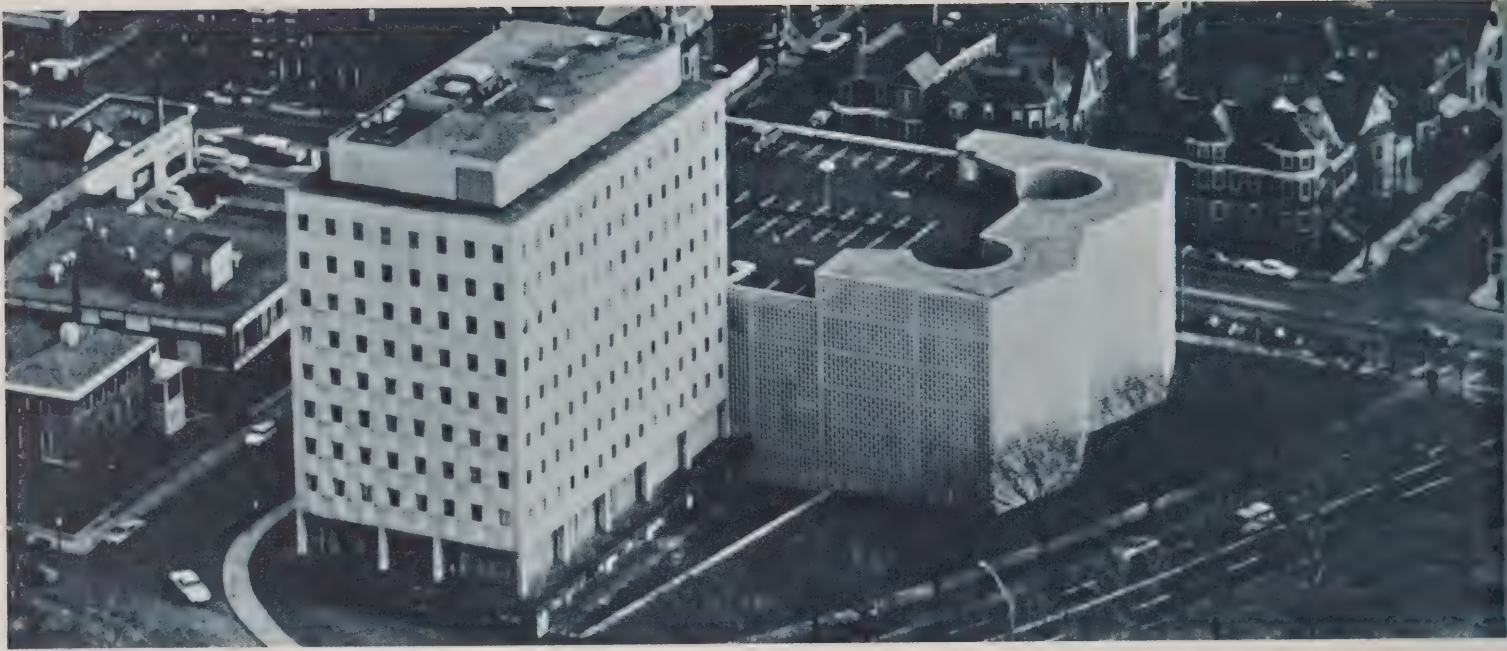
It would be virtually impossible to carry on the various projects of the Friends through the summer if it were not for the large group of candy strippers under the able and understanding guidance of the Director of Volunteers, Mrs. Irma A. Kellner. Students received the American Hospital Association Certificate of Appreciation and 27 of them earned the American Hospital Association teenage volunteer pin for 50 or more hours of service. The student with the largest number of hours this summer was Michael Gustin, the son of a hospital employee.

Mrs. David P. Boyd, who was chairman of the Ways and Means Committee, organized an "At Home" Bridge Party. Each board member was asked to have two tables or more at her home with each player donating at least two dollars. The endeavor realized \$711.95.

Miss Dorothy B. Seccomb served as the dedicated and energetic chairman of the Friends division of the Deaconess Development Program. We voted to apply \$5000 of the Memorial Fund for a solarium as adjacent as possible to the Special Care Units in the new buildings. This Memorial Fund plus the pledges and gifts of the Friends leaves us with only \$35,858 still to be raised on our pledge of \$250,000.

Mrs. George I. Rohrbough
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John H. Meyer	Joseph H. Pikul	Chester D. Shepherd	H. Hughes Wagner	*Deceased



New England Deaconess Complex

The Medical Office Building at One Ten Francis Street, now completing five years of operation, is known nationally and internationally for the completeness of its services and facilities. Its offices are fully occupied with almost every facet of medicine represented. Here the patient will find complete diagnostic services including laboratory and X-ray facilities, leading medical, surgical and dental specialists and living accommodations if a stay of several days is required.

The Joslin Clinic, headed by Dr. Robert F. Bradley, Jr., recently consolidated activities with the Joslin Diabetes Foundation and is officially known as the Joslin Clinic Division of the Joslin Diabetes Foundation of which Dr. Alexander Marble is president. It continues to maintain its high standard of excellence in the treatment of diabetes and its varied complications. Its services for outpatients are integrated with those for forty ambulatory inpatients cared for in the Hospital Teaching Unit of the Deaconess Hospital on the second floor of the Joslin Diabetes Foundation building. The Elliott P. Joslin Research Laboratory, under the direction of Dr. George F. Cahill, Jr., is located on the third and fourth floors of the Foundation.

Founded by Dr. Frank H. Lahey in 1923 as the Lahey Clinic, the organization, now a division of the Lahey Clinic Foundation, is one of the country's oldest and most renowned. A staff of 98 senior physicians and surgeons, 74 resident physicians and over 100 nurses and technicians provides departments of specialists in 16 different areas of medicine. The institution has long maintained a close working relationship with the Deaconess for hospital, surgical and laboratory service as well as resident training.

Surgery of the lung, esophagus, heart and great vessels continues to advance in the field of medicine, and the Overholt Thoracic Clinic

maintains its place among the leaders. Doctors trained at the Clinic are scattered all over the world from the University of Cordoba in the Argentine to the University of Saigon. They are fully engaged in this specialty, doing research and teaching as well as surgery.

The Cancer Research Institute strengthens the Hospital by providing added new understanding of how the cells of man and laboratory animals vary in function and structure between healthy and cancerous states and how these variations may be used in diagnosis or treatment.

The Institute Staff holds a number of academic appointments, chiefly at Harvard Medical School, with ties with Boston University and Tufts as well. Students have received specialized training in biochemistry and radiobiology.

The members of the Cancer Research Institute were the authors of 23 scientific publications this year. This level indicates a high rate of scientific productivity.

The objective of the Shields Warren Radiation Laboratory is to promote the study of the effects of ionizing radiations in relation to the treatment of cancer.

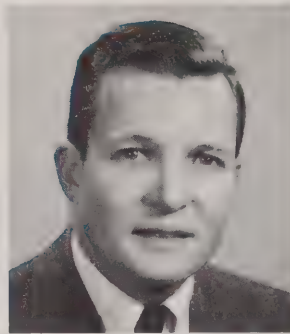
During the past year utilization of this newest building in the Deaconess complex accelerated rapidly. The major groups of investigators fall under the headings of experimental diagnosis, therapy, biology and nuclear medicine as well as microbiology, endocrinology and electron microscopy.

The staff includes 45 full-time and 30 part-time personnel. All professional staff members hold faculty appointments at the Harvard Medical School including 6 tenure appointments at the rank of associate professor or professor. The annual research-grant budget stands at above \$300,000 and is expected to increase during the coming year.

Officers of the Corporation



Francis W. Capper,
Chairman of the Board



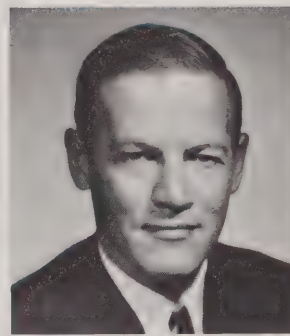
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Director of Volunteers
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Balance Sheet

SEPTEMBER 29, 1968 AND SEPTEMBER 24, 1967

Assets

GENERAL FUND	1967	1968
Cash	\$ 275,858	\$ 363,848
Cash in savings accounts		925,487
Accounts receivable (less allowance for uncollectible accounts — 1968, \$456,117; 1967, \$569,107)	1,545,155	1,334,215
Inventories of supplies — at cost	258,746	234,170
Prepaid expenses	45,393	47,344
	<u>2,125,152</u>	<u>2,905,064</u>
 SPECIAL PURPOSE FUNDS		
Cash	59,365	70,673
Investments — at cost (market value — 1968, \$1,750,418; 1967, \$1,149,848)	1,151,482	1,751,039
Grants receivable	352,626	334,132
	<u>1,563,473</u>	<u>2,155,844</u>
 ENDOWMENT FUNDS		
Cash	3,895	111,254
Investments — at cost or contributed value (market value — 1968, \$2,410,487; 1967, \$2,465,749)	1,589,718	1,557,190
Real estate, equipment, and furnishings — at cost less accumulated depreciation — 1968, \$616,007; 1967, \$495,755 (Note 1)	5,138,668	5,020,796
Due from General Fund	132,265	157,824
	<u>6,864,546</u>	<u>6,847,064</u>
 BUILDING AND EQUIPMENT FUNDS		
Cash	188,840	244,561
Investments — at cost or contributed value (market value — 1968, \$3,613,804; 1967, \$3,507,782)	3,507,849	3,611,862
Grant receivable	40,818	40,818
Construction in progress (Note 1)	453,448	1,328,808
Land, buildings, and equipment — at cost less accumulated depreciation — 1968, \$6,376,941; 1967, \$5,870,688 (Note 1)	7,803,718	7,667,205
	<u>11,994,673</u>	<u>12,893,254</u>
	<u>\$22,547,844</u>	<u>\$24,801,226</u>

Liabilities and Fund Balances

GENERAL FUND	1967	1968
Accounts payable, withheld taxes, and accrued expenses	\$ 795,986	\$ 1,162,255
Deferred income	78,843	139,203
Mortgage note installments due within one year	147,104	148,445
Total	1,021,933	1,449,903
Due to Endowment Funds	132,265	157,824
General Fund balance	970,954	1,297,337
	<u>2,125,152</u>	<u>2,905,064</u>
 SPECIAL PURPOSE FUNDS		
Accumulated gifts, bequests, and reserves for special purposes	1,235,832	1,827,630
Unexpended research grants	327,641	328,214
	<u>1,563,473</u>	<u>2,155,844</u>
 ENDOWMENT FUNDS		
Mortgages notes payable through 1991 — installments due after one year (Note 1)	3,212,166	3,134,152
Fund balances	3,652,380	3,712,912
	<u>6,864,546</u>	<u>6,847,064</u>
 BUILDING AND EQUIPMENT FUNDS (NOTE 1)		
Accounts payable		218,799
Mortgage note payable through 1978 — installments due after one year	860,332	784,294
Fund balances:		
Held for improvement and expansion	3,737,507	3,678,442
Invested in land, buildings, and equipment	7,396,834	8,211,719
	<u>11,994,673</u>	<u>12,893,254</u>
See notes to financial statements on following page.	<u>\$22,547,844</u>	<u>\$24,801,226</u>

Statement of Income

FOR THE FISCAL YEARS ENDED SEPTEMBER 29, 1968 AND SEPTEMBER 24, 1967

	1967	1968
Operating income	\$10,404,816	\$12,515,653
Less — Free care, provision for uncollectible accounts, and contractual adjustments	511,711	699,147
Net operating income	9,893,105	11,816,506
Operating income.		
Professional care of patients:		
General	3,119,720	3,555,529
Special	3,393,840	3,940,542
Household and property	1,840,024	2,013,921
General services and administration	1,091,761	1,356,512
Employees' welfare	444,969	586,393
Depreciation — on a straight line basis	508,184	506,253
Total operating expenses	10,398,498	11,959,150
Loss from operations	505,393	142,644
Interest expense	38,673	36,489
Loss before non-operating items	544,066	179,133
Non-operating income (expense):		
From endowment funds	165,105	173,769
Donations and other distributions	138,733	145,161
From temporary investments, etc.	49,308	103,235
Development expense	(10,798)	(41,484)
Non-operating income — net	342,348	380,681
Net income (loss) — transferred to general fund	\$ (201,718)	\$ 201,548

NOTES TO FINANCIAL STATEMENTS

1. CENTRAL BUILDING ADDITION AND MORTGAGE NOTES PAYABLE

Construction in progress at September 29, 1968, includes \$1,288,100 for the addition to the Hospital's Central Building. Further construction commitments for this addition aggregated approximately \$7,400,000 at that date.

The Hospital has entered into a mortgage loan commitment to provide additional funds for the Central Building construction. Under the terms of this commitment two mortgage notes payable, aggregating \$1,239,554 at September 29, 1968, will be refinanced by 1970 through a new mortgage note in the amount of \$3,632,000. The Hospital's land and buildings, with the exception of research buildings and certain staff residences, are pledged as collateral against the existing mortgage notes.

2. EMPLOYEES' RETIREMENT PLAN

The Hospital's contributory retirement plan covers substantially all employees who have reached age 30. The Hospital provides amounts necessary to cover its current costs and to amortize the prior service cost in full by October 1, 1979, the twentieth anniversary of the plan. The provision for the year ended September 29, 1968, was approximately \$133,000, of which \$119,000 remained accrued at that date.

3. RECLASSIFICATION OF PRIOR YEAR'S AMOUNTS

For purposes of comparison certain prior year's amounts in the statement of income reflect reclassification of amounts previously reported.

Statement of Changes in General Fund Balance

FOR THE FISCAL YEARS ENDED SEPTEMBER 29, 1968 AND SEPTEMBER 24, 1967

	1967	1968
Balance at beginning of year	\$ 1,106,394	\$ 970,954
Add:		
Unrestricted legacies received	552,263	668,233
Depreciation transfer from building and equipment funds	508,184	506,253
Net income (loss)	(201,718)	201,548
Total	<u>1,965,123</u>	<u>2,346,988</u>
Deduct:		
Transfer to building and equipment funds for replacement, construction, and mortgage reduction	441,906	381,418
Restricted for special purposes	552,263	668,233
Total deductions	<u>994,169</u>	<u>1,049,651</u>
Balance at end of year	<u>\$ 970,954</u>	<u>\$ 1,297,337</u>

See notes to financial statements on preceding page.

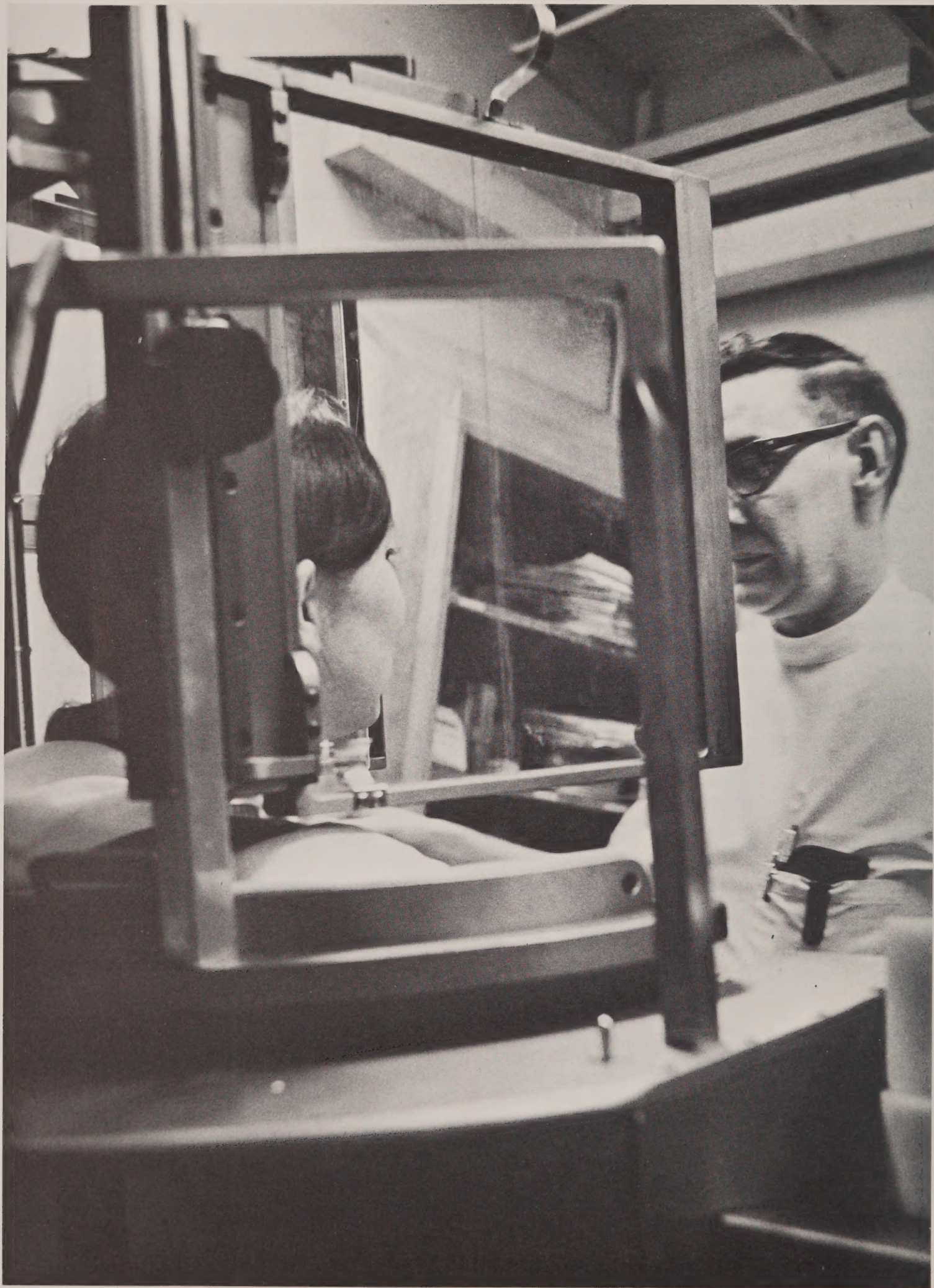
Accountants' Opinion

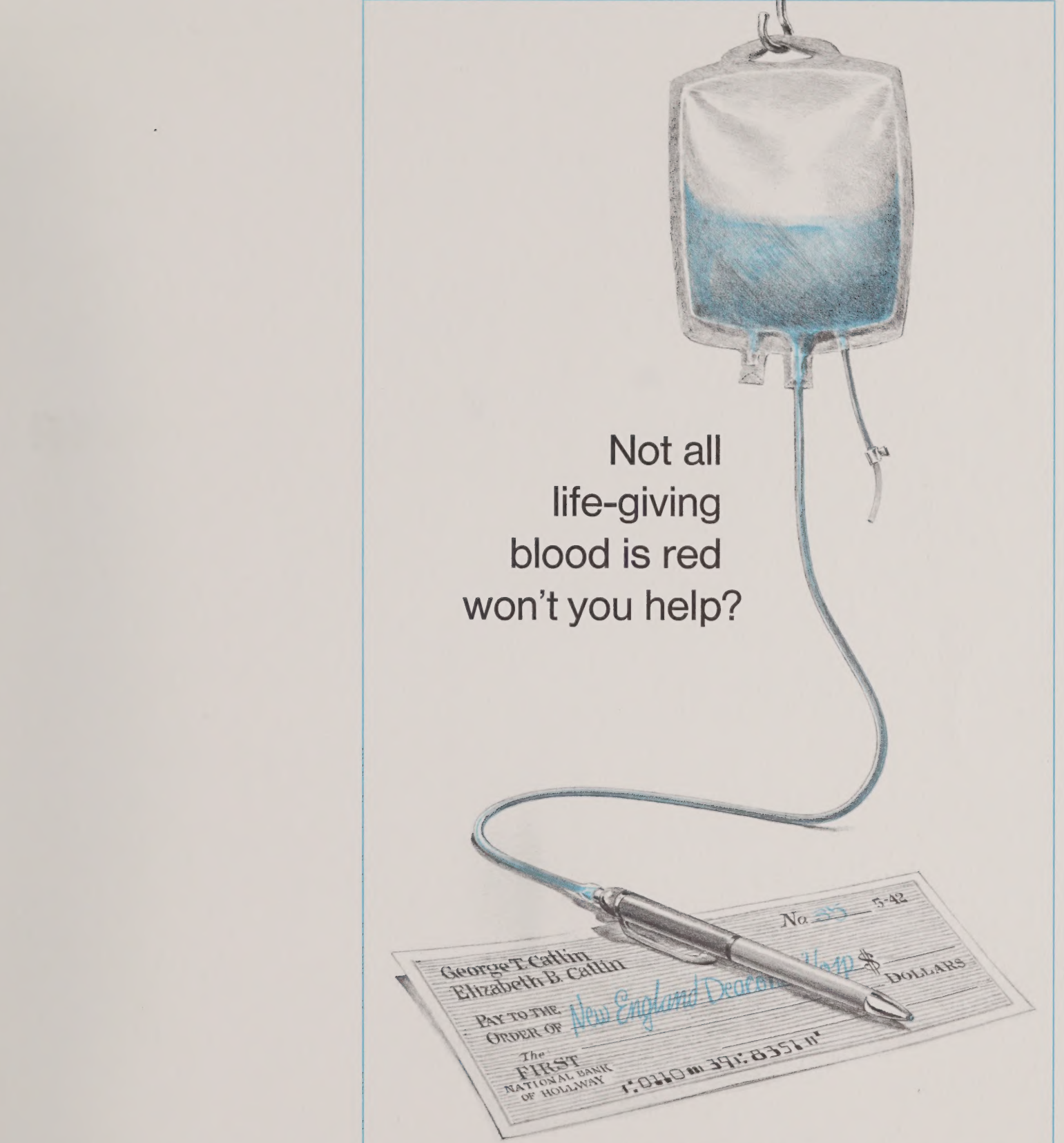
We have examined the balance sheet of New England Deaconess Hospital as of September 29, 1968 and the related statements of income and changes in general fund balance for the fiscal year then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

Boston, Massachusetts
November 8, 1968

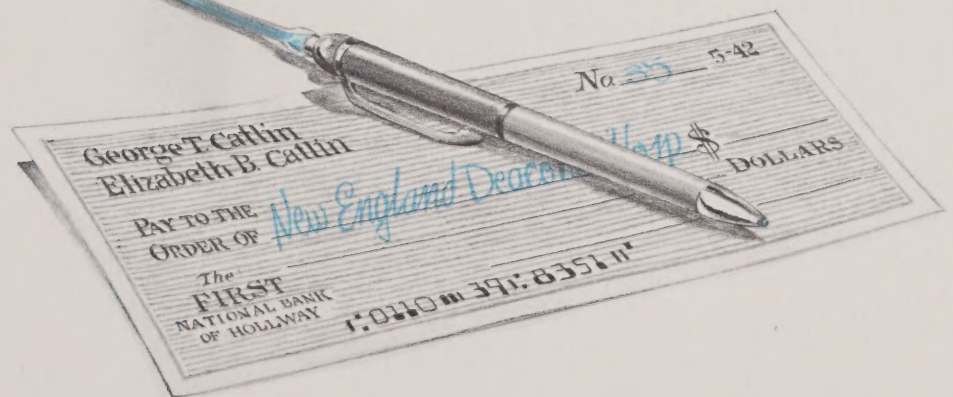
In our opinion, the accompanying financial statements present fairly the financial position of New England Deaconess Hospital at September 29, 1968 and the results of its general fund operations for the fiscal year then ended, in conformity with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

Haskins & Sells





Not all
life-giving
blood is red
won't you help?



The only motivation for the growth of Deaconess Hospital is for the care, treatment and recovery of the patient. Sometimes he is financially unable to cope with this problem. In keeping with the hospital's policy of never turning anyone away, the free work of the hospital has increased at a greatly accelerated rate. The need is now. Why not let skilled workers be the servants of your good will?

Through the years those interested in the hospital and in its future have helped to sustain it and to advance the frontiers of medical knowledge through Bequests and Endowments, either for specific research and education projects or for the general purpose of patient care.

As the New England Deaconess Hospital moves toward a new era of leadership in medical care and in research, many opportunities for participation occur. A gift of any size may be made with the request that it be used for some specific purpose, or used at the discretion of the Trustees.

Make checks payable to New England Deaconess Hospital, Boston, Mass 02215.

1968

annual report

New England Deaconess Hospital

185 Pilgrim Road, Boston, Massachusetts 02215